

INTRUSION ALARM SYSTEM INFORMATION

NEW BOSTON POLICE DEPARTMENT

116 Old Coach Road,
P.O. Box 338
New Boston, NH 03070

This information on this form must be completed and submitted. There is no initial application fee nor fine applied. It is the responsibility of the alarm system owner to keep the New Boston Police Dept. apprised of any changes applicable to the information listed below.

ALARM SYSTEM OWNER:

NAME: _____ PHONE: Home #: _____

Work #: _____

ADDRESS: _____

MAILING ADDRESS: _____

INSTALLATION ADDRESS OF ALARM: _____

TYPE OF ALARM:(Circle One)Business..... Residential

TYPE OF ALARM NOTIFICATION:.....Central Station.....Local Only (audio)

REGULATES PROTECTION FOR:.....Burglary.....Holdup.....Intrusion.....Fire.....Medical

DOES THE ALARM RESET, IF SO HOW?:

PERSONS TO BE CONTACTED UPON ALARM ACTIVATION: (Must have at least two and they must have access to premises and necessary codes for alarm deactivation)

(NAME) PHONE: Home#: _____
Work#: _____

(ADDRESS)

(NAME) PHONE: Home#: _____
Work#: _____

(ADDRESS)

(NAME) PHONE: Home#: _____
Work#: _____

(ADDRESS)

ALARM SYSTEM INSTALLED AND MAINTAINED BY:

NAME: _____ PHONE #: _____

ADDRESS: _____

System Owner Signature: _____ Date: _____